Nomination Papers for Director of
COMMUNITY FIRST HEALTH CO-OP
(commonly referred to as CFHC)

We, the undersigned members of CFHC, nominate
_____
for election to the position of Director of CFHC. Such election to take place at the next annual meeting after the date of this document. We, or our heirs, agree to maintain a current membership in the CFHC until after said election has been completed.
We understand that if we are not members at the time of the election, this nomination becomes null and void.
We understand nominations require the signature of two members, in good standing, of the CFHC as nominators.
We understand the Nominee must be a member in good standing and is required to complete and sign the Acceptance of Nomination form at the bottom of this form.

_____ _____
(Nominator) (Nominator)
Signed at, _____BC, this _____day of _____, 20___.

Declaration of Nominee for Director

I, _____, as a member in good standing, accept this nomination for the position of Director of the **COMMUNITY FIRST HEALTH CO-OP**. (This declaration remains in force until revoked by me in writing). I will allow my name to be included on the ballot for such election at the next Annual General Meeting of the CFHC.
I have read and agree to abide by the Memorandum and the Rules of the CFHC and comply with any duties required under the Cooperative Association Act or Regulations, or any other law that pertains to the business of the CFHC. (Memorandum and Rules of Incorporation can be obtained from the organization's website at www. healthco-op.ca).
I understand Directors will be elected for 3-year terms.
I attach a Directors nominee questionnaire, which may be used as information for the Board of Directors in assessing skill requirements on committees, or for Officer positions. Also sections 1, 2, 5 & 8 of the questionnaire may be used for public information.
I am prepared to complete a Conflict of Interest and Directors Disclosure Statement upon successful election.

_____
(Nominee)
Signed at, _____BC, this_____day of _____, 20___.